

	DLN
2005	
INT-4	

2006	TAXABLE YEAR BASED ON THE 2005 CALENDAR YEAR INCOME PERIOD.	DUI	<b>DUE BY APRIL 17, 2006</b>		
NAME					
ADDRE	iss is a second of the second				
CITY, S	STATE, ZIP CODE	COUN	TY		
0, 0					
FEDER	AL EMPLOYER IDENTIFICATION NUMBER				
NOT	E: A COPY OF THE NASCUS/NCUA CALL REPORT MUST BE ATTACHED.				
PAR	ті				
1.	Total gross income from NASCUS/NCUA Call Report as of December 31, 2005	1	\$		
	ADDITIONS		·		
2.	Recoveries of bad debts from call report	2			
3.	Missouri credit union tax expensed on call report	3			
4.	Missouri taxes claimed as credits on this return from Schedule A	4			
5.	Other additions (attach schedule)	5			
6.	Total of Lines 1 through 5	6	\$		
PAR					
7.	Total operating expenses from NASCUS/NCUA Call Report as of December 31, 2005	7	\$		
8.	Dividends and interest paid on general shares from call report	8			
9.	Loans charged off as bad debts from call report	9			
10.	Other deductions (attach schedule)	10			
11.	Total of Lines 7 through 10	11			
12.	Taxable income (Line 6 less Line 11)	12	\$		
PAR					
16 0.00					
13.	portionment required, see instructions.  Tax — Line 12 multiplied by 7% or from apportionment schedule	13	\$		
14.	Tax credits from Line 4 above	14	Ψ		
15.	Tax due (Line 13 less Line 14)	15			
		16A			
16A.		16B			
16B.	· · · · · · · · · · · · · · · · · · ·				
	Enterprise zone credit (attach certificate of eligibility)	16C			
17.	Overpayment of previous year's tax (attach approved credit authorization)	17			
18.	NET TAX DUE (Line 15 less Lines 16A, 16B, 16C, and 17)	18			
19.	Plus interest for delinquent payment (see instructions)	19			
20.	TOTAL AMOUNT DUE (Line 18 plus Line 19)	20	\$		

MAKE CHECK OR MONEY ORDER PAYABLE TO "FINANCIAL INSTITUTION TAX". If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically. MAIL COMPLETED FORM AND ATTACHMENTS TO THE TAXATION BUREAU, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.

SCHEDULE A — TAXES CLAIMED AS CREDITS								
DESCRIPTION (Do not list real	AMOUNT							
					\$			
					<b>V</b>			
Total (Enter on Lines 4 and 14,	Page 1)				\$			
SCHEDULE B — POLITICAL S	UBDIVISIONS	S TAXING THE REPOR	TING CREDIT UN	ION				
This section must be completed by credit unions with only one office. If you have more than one office location, you must complete the Financial Institution Tax Schedule B, Form 2331. Information available from your real or personal property tax receipt.								
ADDRESS			CITY, STATE, ZIP	CODE				
SUBDIVISIONS	NAME OR I	NUMBER	•					
County								
City								
Road District								
School District								
Library District								
Water District								
Sewer District								
Fire District								
Township/Other Tax Districts								
AUTHORIZATION/NON-AUTHO	ORIZATION							
I authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.  I do <b>NOT</b> authorize the Director of Revenue or his/her her delegate to discuss my return and attachments with the preparer or any member of his/her								
SIGNATURE — PLEASE SIGN	BELOW							
all of the statements contained our best knowledge and belie		including the accompan	ying schedules (if	any) all of which are true				
year covered.								
SIGNATURE OF OFFICER		DATE	, ,		DATE			
TITLE OF OFFICER		PHONE NUMBER	PREPARER'S ADDRESS AND ZIP CODE		FEIN OR PTIN			